

**Fill in this information to identify the case:**Debtor Rochester Drug Co-Operative, Inc.United States Bankruptcy Court for the: Western District of New YorkCase number 20-20230  
(if known)☒ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

04/19

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....

\$11,562,729.00

**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....

\$101,031,166.72

**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....

\$112,593,895.72

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$29,880,585.56

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$87,682.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+

\$83,207,300.93

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$113,175,568.49

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## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

04/19

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim

Priority amount

**Part 2:** List All Creditors with **NONPRIORITY** Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

**AMENDED****3.53 Nonpriority creditor's name and mailing address**ALWARD M EMMANS  
24 ALINA STREET  
FAIRPORT, NY 14450**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**SUPPLEMENTAL EMPLOYEE RETIREMENT  
PLAN**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**AMENDED****3.225 Nonpriority creditor's name and mailing address**CYNTHIA L KIRKER  
23 OLD POST ROAD  
FAIRPORT, NY 14450**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**SUPPLEMENTAL EMPLOYEE RETIREMENT  
PLAN**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

Part 2: Additional Page

Amount of claim

AMENDED

3.242	<b>Nonpriority creditor's name and mailing address</b> DOROTHY L GRAHAM REEVES 35 WALDO AVE ROCHESTER, NY 14609  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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AMENDED

3.261	<b>Nonpriority creditor's name and mailing address</b> EDWARD KIRKER C/O CYNTHIA L KIRKER 23 OLD POST ROAD FAIRPORT, NY 14450  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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AMENDED

3.408	<b>Nonpriority creditor's name and mailing address</b> JOSEPH E BRENNAN 177 RED CEDAR DRIVE ROCHESTER, NY 14616  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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AMENDED

3.409	<b>Nonpriority creditor's name and mailing address</b> JOYCE HATCHER 2450 COUNTY ROAD 28 CANANDAIGUA, NY 14424  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
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Part 2:

Additional Page

		Amount of claim
<b>AMENDED</b>		
3.434	<b>Nonpriority creditor's name and mailing address</b>  LAURENCE F DOUD III 2913 PALMA LANE NEW SMYRNA BEACH, FL 32168-3636  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  UNKNOWN

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	5a. <u>\$87,682.00</u>
5b.	Total claims from Part 2	5b. + <u>\$83,207,300.93</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <div><u>\$83,294,982.93</u></div>

Fill in this information to identify the case:

Debtor Rochester Drug Co-Operative, Inc.

United States Bankruptcy Court for the: Western District of New York

Case number 20-20230  
(if known)

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

04/19

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 18, 2020  
MM / DD / YYYY

X

/s/ John T. Kinney

Signature of individual signing on behalf of debtor

John T. Kinney

Printed name

CEO and CFO

Position or relationship to debtor